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CONFIRMATION NO. 6000

<b>SERIAL NUMBER</b> 10737,350	<b>FILING OR 371(c) DATE</b> 12/15/2003 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1642	<b>ATTORNEY DOCKET NO.</b> 112418-149 and AUR-011US
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**APPLICANTS**  
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**\*\* CONTINUING DATA \*\*\*\*\***  
 This appln claims benefit of 60/438,012 01/03/2003

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*** *my 1-4-07*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
**\*\* 03/15/2004**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> CANADA	<b>SHEETS DRAWING</b> 30	<b>TOTAL CLAIMS</b> 108	<b>INDEPENDENT CLAIMS</b> 12
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>Mason y</i> Examiner's Signature	<i>my</i> Initials			

**ADDRESS**  
23483

**TITLE**  
HSC70 directed diagnostics and therapeutics for multidrug resistant neoplastic disease

<b>FILING FEE RECEIVED</b> 6464	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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